



Co-Occurring Joint Action Council (COJAC)

Meeting Minutes July 7, 2010

Workgroup Co-Chairs: Cheryl Trenwith (County Alcohol and Drug Program Administrators Association of California: CADPAAC) and Dr. Marvin Southard (California Mental Health Directors Association: CMHDA)

<u>Workgroup Members</u>: Director Renee Zito (Department of Alcohol and Drug Programs: ADP) (on the phone), Director Stephen Mayberg (Department of Mental Health: DMH), Sophie Cabrera (Department of Mental Health: DMH), Michael Borunda (ADP), Mary Hale (CMHDA & Alcohol and Drug Policy Institute: ADPI), Tom Renfree (CADPAAC), Dr. Sandra Naylor Goodwin (California Institute for Mental Health: CiMH), Victor Kogler (ADPI), Debbie Reno-Smith (Victor Community Support Services Desert Mountain) (on the phone), and Jim O'Connell (California Association of Addiction Recovery Resources: CAARR)

COJAC Staff: Darien De Lu (ADP), Kevin Furey (ADP), and Alice Washington (CiMH)

Welcome

Co-chairs Cheryl Trenwith and Dr. Marvin Southard opened the meeting at 10:05 am and the COJAC Workgroup members introduced themselves.

The May 5, 2010 minutes were reviewed. The past minutes were accepted with no changes or additions.

The agenda was reviewed. Dr. Southard added an agenda item. His request was to add the proposed realignment of the Department of Alcohol and Drug Programs to the state and legislative reports.

Comments and Updates from the Directors of DMH and ADP

Dr. Stephen Mayberg, Director, Department of Mental Health

Director Mayberg's comments and updates focused on federal issues that are impacting DMH and ADP. DMH is:

- Reviewing federal parity legislation on mental health services coverage
- Focusing on the specifics of the Department of Health Care Services (DHCS) Medi-Cal Waiver
- Reviewing the issues related to how federal healthcare reform is specifically implemented
- Looking at the integration of mental health and physical health, which is critical to merging the mind and body together again
- Focusing in on veterans, especially via the state initiative for providing veterans better

access to services, "Welcome Home". (The recent Policy Academy on veterans' issues allowed excellent collaboration among high-level staff from multiple governmental levels and offices.)

Both DMH and ADP are developing a strong partnership to address all of these issues.

Renee Zito, Director, Department of Alcohol and Drug Programs

- 1. Director Zito has an upcoming meeting with the Health and Human Services Agency. They will meet to discuss the following:
 - a. Drug Medi-Cal
 - b. Healthcare reform implementation
 - c. Workforce challenges
 - d. Providing knowledge about the fragile system for alcohol and drug services
- 2. The state Senate is proposing to realign alcohol and drug services which could result in the elimination of the Department of Alcohol and Drug Programs. Director Zito has spoken with some legislators about what services ADP provides and her concerns about the proposed realignment of most ADP services and functions to the counties.
 - a. Director Zito told the COJAC Workgroup that the proposal could cause challenges with block grant implementation.

Concluding remarks:

COJAC needs to have short and long-term plans to address these issues:

- 1. What is included in the Medi-Cal and Drug Medi-Cal benefit package
- 2. Proposals for the Medi-Cal Waiver
- 3. Healthcare reform impacts on behavioral services and providers of these services
- 4. Workforce issues including substance use disorder counselor licensing and certification, which is related to who can provide services

Joint Meeting with COJAC, CMHDA, and CADPAAC

Dr. Southard led this discussion. The COJAC Workgroup suggested having a partnership meeting with its members, CMHDA, and CADPAAC in order to come up with proposals that address the issues listed in the last section of these minutes.

Director Mayberg supported the idea of the meeting and stated that such a joint meeting would be helpful and could help empower COJAC.

The **proposal** is that COJAC should convene a fairly large day-long meeting, the details of which will be specified by a much smaller planning meeting (call).

Calendar: TBD – but timelines are short and early fall would be good to help shape policy decisions.

Who: COJAC, Executive Committees – and, possibly, the health care reform workgroups of CADPAAC and CMHDA.

Purpose: Help form a unified voice around the issues of what behavioral health services would look like and the "right level" of funding for them to be big enough to "get us through" the adjustments entailed under health care parity and health care reform

Convener: COJAC

Logistics: Upon a member's request, Dr. Goodwin agreed that CiMH can help organize the large meeting. Dr. Mayberg did not want to involve DMH in planning and had reservations about state staff helping to organize the meetings. However, upon further discussion COJAC agreed that ADP and the COD Unit staff frequently assist with logistics, and ADP should coordinate the planning call and facilitate that call as needed.

It was proposed that two meetings occur, the first – one or more calls – in order to begin planning the joint meeting. The COJAC Workgroup members on those calls will be Cheryl Trenwith (for CADPAAC), Victor Kogler (for ADPI), and Drs. Goodwin (for CiMH) and Southard (for CMHDA). This is the core planning group, but other members are welcomed to join in the later large meeting. The core group's schedule determines the date and time of the calls. The focus of the planning call would include:

- Designating representatives from the associations to attend the joint meeting
- Inviting the primary care and hospital associations to the joint meeting

The end product from the large joint meeting would be useful to the state and others. The overall focus of the product:

 How to partner and develop a partnership package (behavioral health) which can be used to negotiate with health plans in the next three years

State Reports

Department of Mental Health

Sophie Cabrera provided this state report.

- 1. Sophie provided a MHSA update which outlined:
 - a. Approval of county plans is happening
 - b. The 2011-2012 MHSA plan guidelines are in the works
 - c. MHSA monies are down this year

For more MHSA information, please click this link: http://www.dmh.ca.gov/Prop_63/MHSA/default.asp

- Short-Doyle information is located at <u>http://www.dmh.ca.gov/Services_and_Programs/Medi_Cal/Background.asp</u>
- 3. DMH is working to provide county payments in a timely manner.
- 4. DHCS is working with DMH on the waiver.

Department of Alcohol and Drug Programs

Director Renee Zito provided this report under the "Comments and Updates from the Directors of DMH and ADP" section.

Legislative Report

Tom Renfree, Executive Director of CADPAAC, provided the legislative report.

This is the link to the "Senate Democrats: Multi-year Government Restructuring Proposal"-http://dist06.casen.govoffice.com/index.asp?Type=B_PR&SEC=%7BF6FF3E1C-F0CF-4B93-91F3-DA32A1D3E8F8%7D&DE=%7BE0B7654D-D1AE-4D81-A1F3-6CC6BB2F812C%7D.

Some of the components of this proposal for realignment of service responsibilities from state to local governments are:

Part 1-Improving Public Safety

Part 2-Improving Welfare-to-Work Program

Part 3-Improving Protective and Aging Services for Adults

The talking points with legislators are:

We are treating alcohol and drug issues as criminal justice issues. Why eliminate the
one department that focuses on these issues? Without ADP, we cannot maintain a
statewide focus on the issue of substance use. In addition, counties do not want
unfunded mandates.

Legislative Bill Updates

AB 1600	Parity
AB 674	Veteran's services
AB 1925	Veteran's courts
AB 1858	Syringe exchange program
AB 2268	Authorizes physician and surgeon to dispense narcotic drugs for maintenance or detoxification treatment
SB 208	Medi-Cal Waiver implementation
SB 810	Universal healthcare coverage
SB 1029	Continues the allowance for pharmacies to sell needles, and syringes without a prescription
SB 1091	Medi-Cal benefits permitted for some in juvenile justice system

Committee Reports

Funding

Mary Hale provided this report. The committee had a conference call (now regularly scheduled during the first Tuesdays of the month).

1. Mary distributed the updated funding matrix for co-occurring disorder (COD) services.

- a. CMHDA Financial Services Committee will review the matrix and provide their input as well as the CADPAAC Fiscal Committee.
- b. The committee will discuss the comments they receive from the two associations at the next COJAC meeting. If any COJAC Workgroup members have comments, they should contact Mary.
- 2. Mary discussed two other projects but pointed out they are still in development. The two projects are:
 - a. Fact sheet on adult COD services
 - b. Regulatory barriers to COD funding

Youth

Debbie Reno-Smith reported that the committee did not meet in June 2010.

- There were some small changes to the "Statement of Necessity."
- The committee would like to use the DDCAT as a source of COD best practices in order to work on the COD State Action Plan (Item 1.2) which outlines an action to identify gaps in the system that serve youth. They will look for best practices, organize this information, and look for the gaps.

Partnership

There was no committee report.

CalMEND

Dr. Goodwin, President and CEO of CiMH, presented the information about a six-county collaborative effort to integrate primary care and mental health services.

DHCS 1115 Waiver Centers for Medicare and Medicaid Services (CMS) Proposal

Victor Kogler, Executive Director of ADPI, discussed this item. The waiver would form a stepping stone to healthcare reform and would lead us to 2014.

Next meeting

Date: September 15, 2010 Time: 10:00 am to 3:00 pm

Location: CiMH offices Call-in #: (916) 552-6504